

SERIAL NO 4204000 FILING DATE 10/14/99
APPLICANT

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	OFF.	IND.	OFF.	IND.	OFF.		IND.	OFF.	IND.	OFF.	IND.	OFF.
1	/		/				61						
2		/		/			62						
3		/		/			63						
4	/						64						
5							65						
6	/						66						
7		/		/			67						
8		/		/			68						
9		/		/			69						
10	/			/			70						
11	/						71						
12		/					72						
13		/					73						
14		/					74						
15	/						75						
16		/					76						
17		/					77						
18		/					78						
19		/					79						
20		/					80						
21	/						81						
22							82						
23							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	17						TOTAL IND.						
TOTAL OFF.	14						TOTAL OFF.						
TOTAL	31						TOTAL						

BEST AVAILABLE COPY

BEST AVAILABLE COPY